

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	7				
3	/	/				
4	/					
5	/	4				
6	/					
7	4		4			
8	4		4			
9	4		4			
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1		3			
TOTAL DEP.	23	↔	39	↔		↔
TOTAL CLAIMS	24	[REDACTED]	42	[REDACTED]		[REDACTED]

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.			IND.			IND.		
51									
52									
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95									
96									
97									
98									
99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS